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National Child Health Day Spotlights Early Childhood

By Peter C. van Dyck, M.D., M.P.H.
Associate Administrator for Maternal and Child Health

Mission 2000: Early Childhood, *Launching Healthy Futures* is the space-age theme of National Child Health Day, to be celebrated October 2. MCHB has been busy promoting the observance, rallying the MCH community to the cause, and organizing celebrations across the country.

This year's theme is intended to raise awareness that the first 5 years of a child's life are crucial to his/her physical, mental, and social development. Nationwide, the day's events will focus on the development of children aged 0-5 and explain how families, schools, and communities can help children achieve their full potential during these critical early years.

In a mid-August nationwide mailing to over 3,000 agencies and organizations concerned with the welfare of children, MCHB distributed the National Child Health Day 2000 Promotion Kit, designed to help States, schools, public health agencies, childcare centers, counties and local communities, and others conduct local outreach activities.

By encouraging the maternal and child health community to hold local National Child Health Day events, we hope to bring attention to issues related to early childhood, such as health supervision guidelines, nutrition, safe childcare, and injury and violence

prevention. Parents, educators, caregivers, health care providers—basically anyone who spends time with young children—need to know what they can do to improve children's lives, so that those children can look forward to a healthier and brighter future. The attention that this type of national observance can generate is a wonderful underpinning for the systems and programs MCHB already has in place to address these issues. (See related article, "MCHB Supports Early Childhood Development," for more information on how MCHB is addressing early childhood health and development issues.)

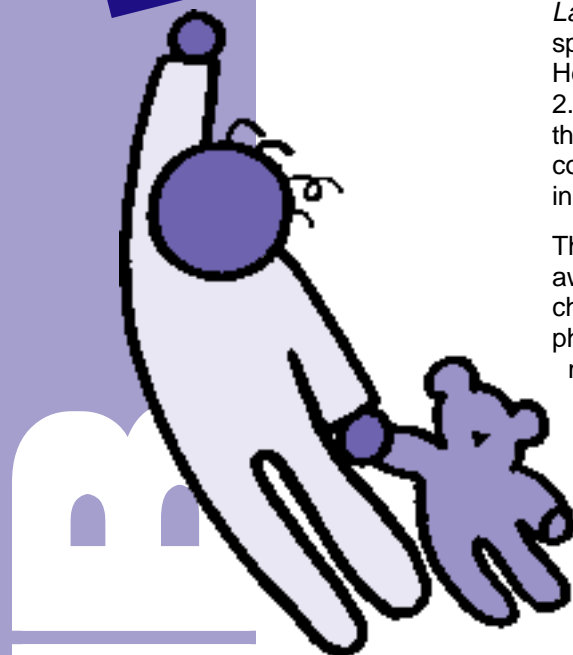
An annual observance celebrated on the first Monday in October, National Child Health Day is meant to focus the attention of the Nation on issues related to children's development and

well-being. National Child Health Day was first proclaimed by President Calvin Coolidge in 1928, who declared it "appropriate that a day should be set apart each year for the direction of our thought towards the health and well-being of our children." In previous years, Na-

tional Child Health Day has focused on topics such as prenatal care, substance abuse, adolescent health issues, the effects of day care on child development, strategies to prevent childhood injury, and the importance of immunization.

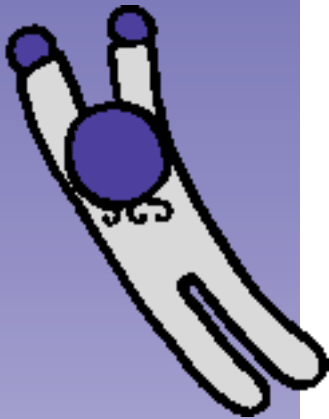
An annual observance celebrated on the first Monday in October, National Child Health Day is meant to focus the attention of the Nation on issues related to children's development and well-being.

**MISSION
2000:
Early
Childhood**
Launching Healthy Futures



FACT

During early childhood, a child's understanding of the world of people and objects moves from what is seen, heard, felt, and touched, to the development and use of symbols. It also marks the child's basic understanding of the world as a good and safe place or a bad and dangerous one. In this same period, the child moves from repetition of sounds to effective communication of thoughts and ideas.



MCHB Supports Early Childhood Development

by Phyllis Stubbs, M.D.

Chief, Infant and Child Health Branch, Division of Child, Adolescent and Family Health

Early childhood is a time of joy and wonderment. With the entrance of a newborn, everything changes as families prepare to support the growth and development of the infant, toddler, and preschool-aged child. It is also a crucial period in a child's physical, mental, and social development. Because of this, the Maternal and Child Health Bureau has always maintained a strong tradition of supporting infants and toddlers and their families. Over the past decade MCHB has kept faithful to that tradition and expanded it to meet new demands.

Health Promotion and Disease Prevention

In response to the growing awareness that new morbidities were negatively affecting child health status, MCHB addressed the content of care for young children in the 1994 publication of *Bright Futures, Guidelines for Health Supervision of Infants, Children and Adolescents*. *Bright Futures* redefined basic concepts of health supervision because it addressed the new morbidities confronting children, families, and health providers and emphasized the creation of health promotion and disease prevention partnerships between health providers and families. A *Bright Futures* series has been developed and several publications are now available addressing such subjects as oral health, mental health, nutrition, violence prevention, lead poisoning.

Access to Quality Child Care

Working families from all income brackets face a pressing unmet need affecting the growth and development of young children—access to quality child care. Two-thirds of mothers with children 5 years old or younger are now in the work force and in need of reliable, high quality child care to promote and protect the health of their children. In recognition of the fact that growing numbers of America's young children were spending most of their waking hours in out-of-home child care settings, MCHB supported the development of *Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Out-of-Home Child Care Programs*. Under the leadership of the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA), *Caring for Our Children* was published in 1989. *Stepping Stones to Caring for our Children* is the follow-up publication containing 187 of those *Caring for Our Children* Standards determined to be most important in the prevention of morbidity and mortality in child care settings.

Health and Safety in Child Care Settings

To enhance the quality of out-of-home child care, in 1995 MCHB created the National Resource Center for Health and Safety in Child Care to support State and local

MCHB Travels Abroad

MCHB representatives will be part of a 25-person U.S. delegation traveling to England to attend a joint meeting of the American Academy of Pediatrics (AAP), the Royal College of Paediatrics and Child Health, and the British Association for Community Child Health.

MCHB's Dr. Peter van Dyck, Associate Administrator for Maternal and Child Health, Dr. Merle McPherson, Director of Services for Children with Special Health Needs, and Dr. David Heppel, Director of the Division of Child, Adolescent, and Family Health, will be the only Federal representatives in the delegation; the other members are pediatricians and State/local pediatric professionals.

The purpose of the September 21-22 meeting is to establish a collaborative agenda for addressing children's health needs within the context of family and community. This will be the first time that representatives of both U.S. and British pediatric leadership will convene to exchange knowledge.

Dr. van Dyck will be presenting the U.S. perspective at a session focused on how health policy is developed in the United States and Britain, with commentary on the historical policies that provide a precedent for critical contemporary policies and future requirements to positively impact child health in both countries.

health departments, child care regulatory agencies, child care providers, and parents in their efforts to identify and promote healthy and safe child care. MCHB also created the National Training Institute for Child Care Health Consultants at the University of North Carolina with a goal of training health and child care professionals to be health consultants to child care programs all over the country.

MCHB has also actively pursued the creation of public-private partnerships to promote the health and safety of children in child care settings. Through a partnership with the Administration for Children and Families' Child Care Bureau, the "Healthy Child Care America Campaign" was launched in 1995 as a Federal program integration initiative to foster collaboration between health and child care providers. "Healthy Child Care America" has been successful in creating partnerships between child care and health professionals across the country in support of young children in child care settings and their families.

Access to Health Care in the Welfare System

Under MCHB's leadership, the Partnership for the Health of Children in Foster Care was created in 1997 to bring together experts in child welfare and child health who share a concern about the long-standing problem of access to adequate health care for children in the child welfare system, particularly foster children and their biologic and foster families. Making a commitment to collaborate as a partnership in efforts to remedy this deficiency, the Partnership developed and is actively pursuing five recommendations for improving and promoting the health of children in the protective services system, particularly children in foster care.

Promotion of Early Intervention Services

MCHB is playing an active role in supporting early intervention services such as the newborn hearing screening program. The Bureau printed 8,000 copies of *Early Identification of Hearing Loss—Implementing Universal Newborn Hearing Screening Programs* and mailed them free of charge to hospitals and birthing centers in the United States.

Access to Quality Health Care

A major unmet need of young children in this country today is access to quality health care. In August of 1997, Congress passed legislation that established the Children's Health Insurance Program (CHIP) to help States deal with the problem of the estimated 10 million children without health insurance and medical homes. MCHB has established the CompCare Technical Assistance project to assist States in their efforts to design comprehensive systems of quality care for all children. The Bureau also created the CHIP Partnership Grants program in 1999 to create partnerships between HRSA/MCHB and eleven national organizations supporting the development of comprehensive systems of quality care for all children by planning, developing and launching new initiatives throughout their States and community networks.

SIDS Prevention

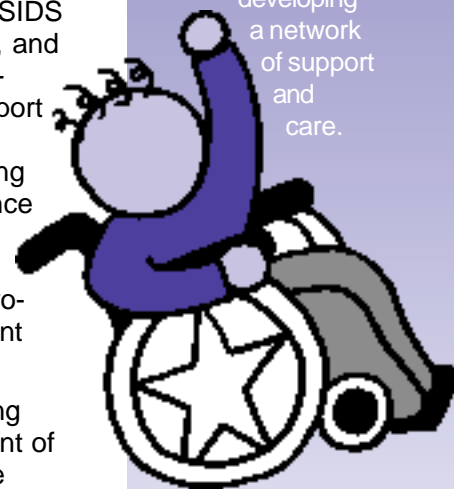
MCHB's long-standing partnership with the National Institute of Child Health and Human Development has played a vital role in the success of the "Back to Sleep" campaign to prevent Sudden Infant Death Syndrome (SIDS). Over the campaign's life the National SIDS Resource Center at Circle Solutions has produced and distributed over 54 million pieces of "Back to Sleep" materials including brochures, videos, cards, and posters. MCHB created two additional SIDS Centers in 1996 through grants to the SIDS Alliance and Georgetown University Child Development Center. These grants are supporting SIDS programs at the local, state, regional, and national levels to develop community-based services for bereavement support and the reduction of SIDS and other infant death. The grants are also being used to assess the cultural competence needs of SIDS programs and to provide training and technical assistance to build the capacity of SIDS programs to develop policy and implement culturally competent services.

MCHB's 65-year tradition of supporting families in the growth and development of their children is still going strong. The Bureau intends to continue and expand these efforts in the future.

FACT

Children with special health care needs generally follow similar developmental pathways as other children; however, the pace of development and the ultimate mastery of tasks will vary depending on the physical, emotional, or cognitive difficulties facing the child. A clearer picture often emerges of the strengths and issues facing the child during early childhood. Families of children with special health care needs often look to health professionals and human services agencies for assistance and guidance. Helping these families identify community resources and making the appropriate referrals are essential in

developing a network of support and care.



National Newborn Screening Task Force Calls for Uniform Standards

While newborn screening can detect serious health disorders among the four million infants born each year in the United States, no uniform standards exist for State newborn screening systems, according to the MCHB-funded National Newborn Screening Task Force.

In *Newborn Screening: A Blueprint for the Future*, the task force calls for model State regulations to assure quality; uniform standards, guidelines and policies for testing, follow-up, diagnosis and treatment; and evaluation and research of technologies and health outcomes. It urges better education and more involvement of health professionals and families; systems that link infants to a medical home; integrated information systems; adequate financing; and a strong public health infrastructure.

The task force, convened by the Bureau and the American Academy of Pediatrics (AAP), has its recommendations and national agenda published in the August 7 supplement of the AAP scientific peer-reviewed journal *Pediatrics*. The report also is available on MCHB's Web site, www.mchb.hrsa.gov.

Made up of 25 leading pediatric health professionals, bioethicists, researchers, and parents, the task force met from 1998-1999 to address the uniformity of State newborn screening programs and the need to evaluate evolving technologies and disease outcomes. Members raised ethical issues related to screening for conditions that cannot yet be treated effectively and called for better education of health professionals, families, and the public about the implications of testing for genetic and metabolic disorders.

Shortly after birth, newborns are given a heel stick blood test to detect a variety of congenital conditions. This test is important because early identification of serious health problems and appropriate medical intervention can greatly reduce or eliminate incidents of death, disease, or disability. But testing varies from State to State—all States screen for phenylketonuria (PKU), a treatable disorder that can lead to retardation, but only a few States screen for congenital adrenal hyperplasia, a disorder as common as PKU that can lead to death

within 1-2 weeks if not treated. And new techniques in tandem mass spectrometry can screen up to 30 rare metabolic disorders, although some may not have effective treatments available.

The recommendations call for model State regulations to guide implementation of State newborn screening systems, including disease and test selection criteria, with all systems consistent with national guidelines for children with special health care needs. The task force urges States to develop minimum standards for sample collection and storage, laboratory quality, and newborn health information systems. It also calls for Federal and State public health agencies, health professionals, and consumers to continue to partner in coordinating and integrating the newborn screening services and information, and encourages pooled resources to fund demonstration projects to evaluate technologies, quality assurance, and health outcomes.

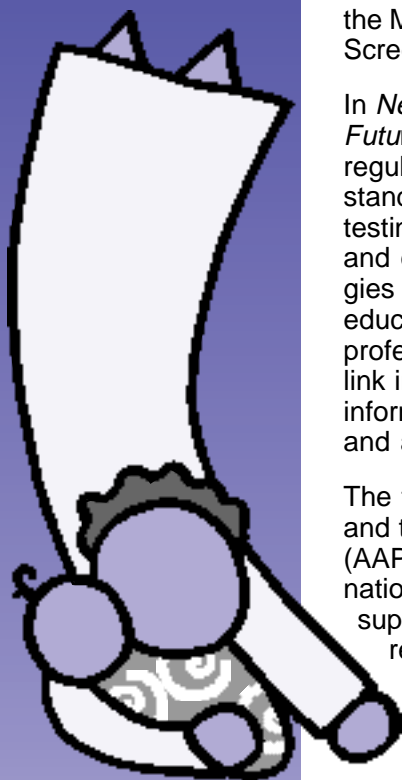
The report emphasizes the need for parents to have available genetic counseling and other support systems to better understand the testing process. It addresses informed consent issues and the right to refuse testing. It also identifies the need for parental consent to use identifiable blood samples for research and surveillance, and emphasizes confidentiality about newborns' conditions.

MCHB has been a leader in newborn screening for almost 40 years, funding grants to States to establish genetic services and newborn screening programs. Since 1999, MCHB has awarded 17 grants to integrate newborn screening programs and their data systems with other screening programs—e.g., vision, hearing, birth defects, and lead—for early identification of children with genetic conditions and other special health needs. It also funds the Austin-based National Newborn and Genetic Resource Center, part of the University of Texas Health Science Center at San Antonio, and a Consumer Network for Genetic Resources and Services Information being developed by the March of Dimes.

The report can be accessed from MCHB's Web site at www.mchb.hrsa.gov.

FACT

Experiences, interactions, and environment of the child during critical years of birth to age five have implications that go beyond the family, the neighborhood, and the pediatrician's office to the future of our society. We can't afford to squander the opportunity for children to become the best people they can be if we value intelligent, responsible, and creative citizens to continue our society's progress in this new century.



Partnership News

1998 Partnership Data Now Available

The 1998 MCH Federal-State Partnership data, compiled from the Title V 1998 Annual Reports and 2000 Applications for the MCH Block Grant, is now available. Submitted electronically by each of the 59 States and jurisdictions, the Title V Information System (TVIS) database is the most current national source for State maternal and child health statistics. It can be accessed at www.mchdata.net.

This is the second year that all 59 States and Jurisdictions filed their Title V Applications and Title V Annual Reports electronically. The result of this effort is that everyone—legislators, policy makers, State administrators, managed care providers, health professionals, families, journalists—has access to comparable data on the critical components of the Nation's maternal and child health infrastructure, such as levels and sources of funding, numbers of individuals served by population group, State maternal and child health priorities, and State results on national performance and outcome measures—all indicators of how well we're doing as a Nation.

Launched last October during the MCH Federal-State Partnership Meeting, the database is organized State-by-State as well as in regional and national composite tables. Information is provided in narrative as well as numerical form—summaries, glossaries, and background references such as the MCHB "Guidance and Forms" used by the States in preparing their annual Title V applications and reports. There is even an extensive "hot-linked" Web site directory of maternal and child health organizations.

In addition to the Web site, the data will also be available in more traditional forms. A new and expanded edition of the *Snapshot* data book (*Title V: A Snapshot of Maternal and Child Health 1998*) and individual MCH fact sheets for each of the 59 States and Jurisdictions will be published later this year. In addition to the Title V Block Grant information, this year's edition will include other Title V grant programs—Special Projects of National and Regional Significance (SPRANS), Community Integrated Service Systems (CISS),

and Abstinence Education—as well as other MCH grant programs: the Healthy Start Initiative, Emergency Medical Services for Children (EMSC), and Traumatic Brain Injury (TBI). As in last year's edition of the data book, real-life stories from the States and Jurisdictions will add an authentic personal dimension to the data-intensive publication. The Title V interactive, multimedia exhibit, *Title V Snapshots of Maternal and Child Health*, will be updated in time for this fall's conferences and meetings.

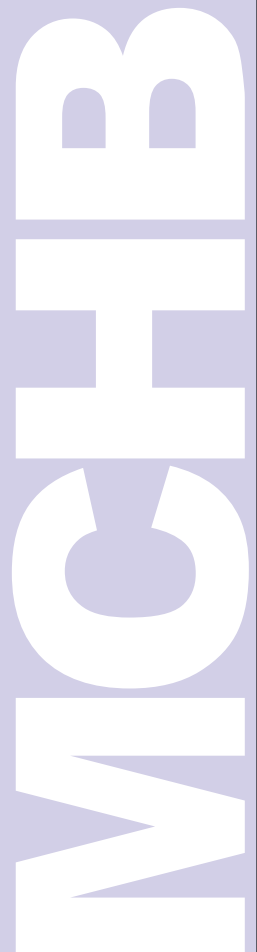
Be sure to check out the new data by logging onto **www.mchdata.net**.



HRSA's Office of Women's Health Moves to MCHB

The Health Resources and Services Administration has moved its Office of Women's Health administratively to the Maternal and Child Health Bureau from the Office of the Administrator. Concurrently, HRSA Administrator Claude Earl Fox, M.D., M.P.H., and Associate Administrator for Maternal and Child Health Peter C. van Dyck, M.D., M.P.H., have appointed Deborah Rodock Maiese, M.P.A., as the director of the office.

Ms. Maiese will oversee HRSA's efforts to improve the health of low-income, uninsured American women of all ages, races, and ethnicities by promoting preventive health care, addressing service delivery needs of women, and encouraging education in women's health care for the public and for health care professionals. The office also works with other HHS agencies, consumers, and women's and health professionals' groups to advance women's health nationwide.



FACT

Early experiences, including parent-child interactions, have a significant impact on a child's emotional development and learning abilities. By the end of early childhood, the well-adjusted child, having internalized the security of early bonds, pursues new relationships outside of the family as an individual. However, this is also the time caregivers need to know how to respond effectively to the young child in distress. Ultimately, healthy social and emotional development depend on how children view themselves and the extent to which they feel valued by others. Because more than half of U.S. infants' mothers work full-time outside the home, the responsibility for providing infant and early childhood developmental stimulation is often shared by others.

MCHB Research News

Study Links Increased Preterm Birth, Lower Infant Mortality, and Aggressive Prenatal Care for Women Carrying Twins

A research study published in the July 19 issue of the *Journal of the American Medical Association* investigated the apparent puzzle that the rates for preterm birth and low birthweight in the United States are rising at the same time that more women are receiving prenatal care. Entitled "Trends in Twin Birth Outcomes and Prenatal Care Utilization in the United States, 1981-1997," the study was led by Michael D. Kogan, Ph.D., of HRSA's Maternal and Child Health Bureau. Dr. Kogan and his colleagues studied national data on all twin births in the United States from 1981 to 1997. While multiple births make up a small percent of the total births in the United States, they account for 21 percent of all low birth weight babies, 14 percent of preterm births, and 13 percent of infant deaths. Moreover, the number of twin births has been increasing steadily, growing 52 percent from 1980-1997.

By studying this high-risk group, the research shows that some of the rise in the preterm birth rate may be due to more aggressive management of high-risk births. The researchers found that the preterm birth rate for twins increased 34 percent from 1981 to 1997, with the steepest increase occurring among women who received the most prenatal visits. Yet, these same infants were also at the lowest risk of dying. The study also found that twin preterm deliveries involving either induction of labor or a first cesarean section increased during the study period.

The research team included Greg R. Alexander, M.P.H., Sc.D., from the University of Alabama at Birmingham; Milton Kotelchuck, Ph.D., M.P.H., and Pierre Buekens, M.D., from the University of North Carolina at Chapel Hill; Marian F. MacDorman, Ph.D., and Joyce A. Martin, M.P.H., from the National Center for Health Statistics, CDC; and Emile Papiernik, M.D., from Descartes University in Paris, France.

Study Confirms Quality of Child Care Centers Affects Children's Intellectual Development

A four-year study, sponsored by MCHB's Research Program and published in the April issue of *Child Development*, has provided new evidence that infants and toddlers in higher-quality child care develop better intellectually and gain language skills faster than children in lower-quality programs. In the study, "Relating Quality of Center Child Care to Early Cognitive and Language Development Longitudinally," the average IQ of children from predominantly low-income families in the Southeastern United States was a full 12 points above their peers.

The study followed 89 African-American children enrolled in 27 centers in the Southeast who were observed and tested from 6 months up to 4 years of age. They entered child care between 1 and 11 months of age and were at the centers at least 30 hours a week. About two-thirds of the families were low-income, with most receiving child care subsidies.

Researchers visited families and child care classrooms each year to assess the quality of care. Quality of care was determined by the environment, curriculum, teacher-child interactions and teacher practices in the classroom. Researchers also made family observations and individualized assessments of the children's intellectual and language skills.

On average, children in this study scored about 12 points higher in IQ than their peers in lower-quality child care centers. All 89 children also showed better language skills if they were in classrooms with recommended adult-to-child ratios—one adult per three infants up to 24 months, one adult per four to five 2-year-olds, and one adult per seven 3-year-olds. These ratios gave each teacher more time to work one-on-one with each child.

Margaret R. Burchinal, Ph.D., and Joanne E. Roberts, Ph.D., from the Frank Porter Graham Development Center at the University of North Carolina, Chapel Hill are the lead authors.

Comings & Goings

Cassie Burdine Lauver, A.C.S.W., has been appointed director of the Division of State and Community Health. She comes to us from the Kansas Department of State and Community Health and Environment where she was the Director of the Bureau for Children, Youth and Families. **Jeffrey J. Koshel** will be DSCH's deputy director and joins us from the Office of the Assistant Secretary of Planning and Evaluation, HHS, where he was director of State and local initiatives. Our new budget officer in the Office of Operations and Management (OOM), **Scott MacDonald**, comes from the Veterans Administration's Office of the Assistant Secretary for Information and Technology.

Sharon Adamo has joined the Office of Program Development (OPD) from the U.S. Department of Agriculture, where she coordinated all the USDA/HRSA breast-feeding promotion programs, among other things. Sharon will be taking over many of Cleo Hancock's duties. OPD has also welcomed program analyst **Janet Schiller**, also from USDA.

The Office of Data Information and Management (ODIM) has gained two epidemiologists, **Mary Overpeck, Ph.D.**, from the National Institute of Child Health and Human Development, and **Christina Park, Ph.D.**, from CDC's National Center for Health Statistics. ODIM also now has a Presidential Management Intern, **Barbara Keary**, who recently received her M.P.H. from Emory University.

Alexandra Cossi, R.D., M.P.H., is now being trained as a Project Officer in the Healthy Start Western Branch, Division of Perinatal Systems and Women's Health (DPSWH). **Cathy Gregory** is the new staff assistant in DPSWH's director's office. **Karen Strambler**, from HRSA's HIV/AIDS Bureau, has joined the Women's Health Branch as a Staff Assistant.

In the Division of Child, Adolescent and Family Health (DCAFH), **Richard Smith**, is the new Chief of the Injury and Emergency Medical Services Branch. Rick comes to us from the Indian Health Service. **Dena Green**, MCHB Program Officer for the Child Health Insurance Program (CHIP),

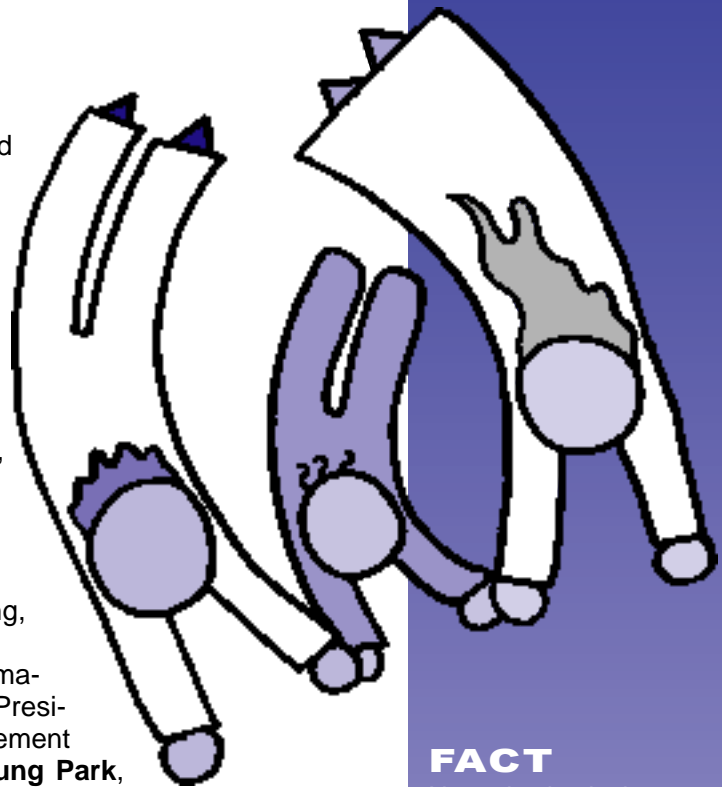
has joined the Infant and Child Health Branch. She has experience with the Baltimore City Health Department.

Ann Drum, D.D.S., M.P.H., has moved from Acting Director in the Division of Research, Training, and Education (DRTE) to permanent Director. Presidential Management Intern **Hae Young Park**, who has an M.P.H. from George Washington University, has started an assignment with the Research Branch, DRTE.

Presidential Management Intern **Elizabeth DeVoss**, who has an M.P.A. from the University of Connecticut, has begun an assignment in the Division of Services for Children with Special Health Needs.

CAPT Latricia Robertson, Director of the Healthy Tomorrows Partnership for Children Program, has moved to Dallas, Texas, to work in the Regional Office there.

Shelley Benjamin from the Training Branch of DRTE has taken a position in the Agency for Health Care Research and Quality. **Jill Schmid** has left OOM to work in the HRSA Office of Administrator. OPD said goodbye to **Aimee Ossman**, who has gone to the Health Care Financing Administration, and to **David Maglott**, who retired in August. **Maria Baldi** has moved from DCAFH to the Substance Abuse and Mental Health Administration. **Stu Swayze** is retiring from DCAFH at the end of September. **Brenda Lisi** has left PWHB/DPSWH for the Department of Agriculture. **Hal Kraus** has moved from DSCH to work in SAMSHA. Nutritionist **Ann Prendergast** has retired from DSCSN.



FACT

Not only physical development, but also the foundation for all intellectual, mental, and social development, takes place during these crucial years. This is a time of unique opportunity for both the enriching of infants' lives and the vulnerability to social stressors such as poverty and/or a disruptive home. The interaction between the caregiver and infant is central to development, and it is up to all of us, families, schools, and communities, to help children achieve their full potential during these critical years.

New Maternal and Child Health Publications Released

Check out these and other materials now available free of charge from the National Maternal and Child Health Clearinghouse (NMCHC). All publications are provided free of charge from the National Maternal and Child Health Clearinghouse. Place orders through the Web site at www.nmchc.org or call toll free 1-888-434-4MCH (4624).

Three new publications in the **Bright Futures for Families** series have been released: *Lead Poisoning . . . Still an Environmental Problem for Children and Families*; *What You Can Do to Prevent Violence*; and *Partnering for Your Child's Good Health*. The series, designed by parents to help families have good experiences caring for their children's health and development, has been used by States and local communities to improve preventive services for children.

Health Issues Specific to Incarcerated Women: Information for State Maternal and Child Health Programs identifies the characteristics of these women; discusses standards for health services, significant health care concerns, and areas in need of improvement; reviews programs and potential public health/MCH roles; and provides a list of corrections-related Web sites.

The new **Resource Directory for the Diagnosis, Prevention and Treatment of Fetal Alcohol Syndrome (FAS)** provides a brief overview of FAS; national print and video resources; referrals/links to other organizations; State and territorial lists of sources for diagnosis, support for families, and treatment; community activities; and information on finding treatment for pregnant women with alcohol problems.

The Health of Homeless Women: Information for State Maternal and Child Health Programs examines the characteristics of this population; reviews selected relevant legislation and programs; discusses principal health issues faced by these women; and provides summaries of related study findings.

Child Health U.S.A. 2000, the 11th annual report on the health status and service needs of America's children, will be released on National Child Health Day, October 2. Data are presented for the target populations of Title V funding: infants, children, adolescents, children with special health care needs, and women of child-bearing age. The book provides the most current data available for public health professionals and other individuals in the private and public sectors.



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